



South Coast Air Quality Management District
P. O. Box 4944
Diamond Bar, CA 91765
(909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.

Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:

INSPECTOR

SECTOR

ISSUE DATE

Section I - Company Information

LEGAL NAME OF OPERATOR

LA JOLLA ENERGY DEVELOPMENT, INC

☐ IRS OR ☐ S. S. NUMBER

5 2 2 2 3 5 9 1 3

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS)

LA JOLLA ENERGY DEVELOPMENT, INC.

BUSINESS MAILING ADDRESS

2882 - C WALNUT AVENUE, TUSTIN, CA 92780

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS

TYPE OF ORGANIZATION

☒ Corporation

☐ Limited Partnership

☐ Government Entity

☐ Individual

☐ General Partnership

☐ Other (Fill in):

ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS)

☐ Yes

☒ No

AVERAGE ANNUAL GROSS RECEIPTS

\$0

NUMBER OF EMPLOYEES

< 25

IS YOUR BUSINESS 51 % OR MORE WOMAN/MINORITY OWNED?

☐ Yes

☒ No

THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.

ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES?

☒ Yes

☐ No

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION?

☒ Yes

☐ No

☐ IRS OR ☐ S. S. NUMBER

IF NO, ENTER THE LEGAL NAME OF OWNER

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION

5640 S. FAIRFAX AVENUE

NUMBER/STREET

FACILITY NAME

BALDWIN ENERGY FACILITY NO.1

LOS ANGELES

CA

90056

FACILITY ID NUMBER

CITY OR COMMUNITY

ZIP CODE

PRINT NAME OF CONTACT PERSON

STEVE RUSCH

TITLE OF CONTACT PERSON

MANAGER OF GOVERNMENTAL AFFAIRS

TYPE OF BUSINESS AT THIS FACILITY

ELECTRIC POWER GENERATING FACILITY

PRIMARY SIC CODE FOR THIS FACILITY

4 9 1 1

NUMBER OF EMPLOYEES AT THIS FACILITY

25

CONTACT PERSON'S TELEPHONE NUMBER

(323) 298-2223

CONTACT PERSON'S FAX NUMBER

(323) 296-9375

CONTACT PERSON'S E-MAIL ADDRESS

SRUSCH@STOCKERRESOURCES.COM

Section III - Application Type

DESCRIPTION OF EQUIPMENT: SELECTIVE CATALYTIC REDUCTION CONTROL SYSTEM NO. B, HITACHI

PREVIOUS PERMIT #S:

APPLICATION FOR (SEE INSTRUCTIONS):

☒ NEW CONSTRUCTION

☐ EXISTING EQUIPMENT WITHOUT PERMIT

☐ EXISTING EQUIPMENT WITH EXPIRED PERMIT

☐ CHANGE OF LOCATION

☐ MODIFICATION

☐ CHANGE OF PERMITTEE

☐ CHANGE OF PERMIT CONDITION

ARE YOU SUBMITTING MULTIPLE

APPLICATIONS FOR EQUIPMENT

IDENTICAL TO THAT DESCRIBED ABOVE?

☒ Yes

☐ No

☐ **APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:**

- ☐ 400-E-1 • PARTICULATE MATTER (PM-10) CONTROL EQUIPMENT
- ☐ 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT
- ☐ 400-E-3 • SCRUBBER
- ☐ 400-E-4 • ABRASIVE BLASTING EQUIPMENT
- ☐ 400-E-6 • DEGREASER
- ☐ 400-E-7 • DRY CLEANING EQUIPMENT
- ☐ 400-E-8 • ETHYLENE OXIDE STERILIZER
- ☐ 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT
- ☐ 400-E-10 • FOOD BROILER/FRYER
- ☐ 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT
- ☐ 400-E-12 • GAS TURBINE

- ☐ 400-E-13 • INTERNAL COMBUSTION EQUIPMENT
- ☐ 400-E-14 • OPEN PROCESS TANK
- ☐ 400-E-14a • OPEN PROCESS TANK; PROCESS LINE
- ☐ 400-E-15 • PRINTING EQUIPMENT
- ☐ 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT
- ☐ 400-E-17 • SPRAY BOOTH/OPEN SPRAY
- ☐ 400-E-17a • POWDER SPRAY BOOTH
- ☐ 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MATERIAL)
- ☐ 400-E-19 • WAVE SOLDER MACHINE
- ☐ 400-E-20 • ASBESTOS REMOVAL EQUIPMENT
- ☐ NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI

☒ **APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.**

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

STEVE WILBURN

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(323) 296-9375

DATE SIGNED:

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

MANAGER OF GOVERNMENTAL AFFAIRS

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

STEVE RUSCH

PREPARER'S TELEPHONE NUMBER

(323) 298-2223

DATE SIGNED:

TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

| | | | | | |
|---------------------|------------------------|-------------------|--------------------------------|---------------------|--|
| AQMD USE ONLY | APPLICATION/TRACKING # | TYPE B C D | EQUIPMENT CATEGORY CODE: / | FEE SCHEDULE: \$ | VALIDATION |
| ENG. A R DATE | ENG. A R DATE | CLASS I III IV | ASSIGNMENT UNIT ENGINEER | ENF SECT. | CHECK/MONEY ORDER # AMOUNT \$ |

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
- ☒ Initial Title V Permit
 - ☐ Permit Renewal: Provide current permit expiration date: _____
 - ☐ Administrative Permit Revision (Check all that apply)
 - ☐ Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - ☐ Change of Facility Information
 - ☐ Other, Please specify: _____
 - ☒ Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? ☐ Yes ☒ No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:
- | | | | |
|----------|--------|----------|-------------------------------|
| <u>1</u> | 500-A2 | _____ | 500-F1 |
| _____ | 500-B | _____ | 500-F2 |
| <u>1</u> | 500-C1 | _____ | 500-F3 |
| _____ | 500-C2 | _____ | 500-F4 |
| _____ | 500-D | <u>1</u> | Other (specify): <u>500-E</u> |
2. Additional information referenced in this application submitted (Check **ALL** that apply):
- ☐ Existing Facility Permit
 - ☐ Preliminary Facility Permit
 - ☐ EFB Report for Year(s) _____
 - ☒ None
 - ☐ Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
- ☐ Facility Plot Plan
 - ☐ MSDS Sheet(s)
 - ☒ None
 - ☐ Other (Specify): _____

| AQMD | APPLICATION TYPE | | 30 DAY PUBLIC NOTICE | | PUBLIC HEARING | 45-DAY EPA REVIEW | |
|---|--------------------------------|----------------|--|-------------------|-----------------------------|-------------------|----------------------------------|
| | START DATE | END DATE | START DATE | END DATE | DATE | START DATE | END DATE |
| USE ONLY | INITIAL, RENEWAL & SIGNIFICANT | | | | | | |
| | MINOR & DE MINIMIS | | | | | | |
| | ESTABLISH GENERAL PERMIT | | | | | | |
| USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY: | | | | | | | |
| APPLICATION/TRACKING # | | TYPE B C D | EQUIPMENT CATEGORY CODE: _____/____ | | FEE SCHEDULE: \$ | VALIDATION | |
| ENG. A DATE | R | ENG. A DATE | R | CLASS I III IV | ASSIGNMENT UNIT ENGINEER | ENF. SECT. | CHECK/MONEY ORDER # AMOUNT \$ |